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PATENT APPLICATION

HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400

ATTORNEY DOCKET NO.

200314176-1

Inventor(s):

Kimon Berlin

Confirmation No.; 3669 Examiner: Moore, Patrick M.

Filing Date:

Application No.: 10/698681 Oct 31, 2003

Group Art Unit: 2188

Title: Reclaiming The PCI Memory Range With Minimal Memory Loss in IA-32 Platforms

Mail Stop **Commissioner For Patents** PO Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

OtherCLAIMS AS AMENDED BY OTHER THAN A								Fee\$						
(1)	 -	CLAIMS AS			D BY C		THAN A			NTITY			(7)	
FOR			(3) NUMBER EXTRA		(4) HIGHEST NUMBER PREVIOUSLY PAID FOR			(5) PRESENT EXTRA		(6) RATE		ADDITIONAL FEES		
TÓTAL CLAIMS		6		IUS	20			= 0		х	\$50	\$	0	
INDEP. CLAIMS	4		MINUS		4			= 0		X	\$200	\$	0	
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XTENSION FEE	×	1st Month 2nd Month 3rdMont \$120 \$450 \$1020		3rdMontf \$1020	١	4lh Month \$1590		\$	120					

Charge \$ 120 to Deposit Account 08-2025. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 08-2025 pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account 08-2025 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this paper is being transmitted to the Patent and Trademark Office facsimile number (571) 273-8300.

Date of facsimile: 6 28 2006

Typed Name:

Signature:

Kevin Hart

Respectfully

Kimon Ber

By

Attorney/Agent for Applicant(s)

submitted.

Reg No.:

36,823

Date:

6 28 2006

Telephone: 970 898 7057

Rev 10/05 (TransAmdFax)

9708987247

P.02/08

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COPY

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Examiner: Moore, Patrick M.

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Other _	CLARAS AS	AMENDE	D BY C	TUED	TU'AN A	0114		UTITY	Fee	\$	
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR 20			(5) PRESENT		(6) RATE		(7) ADDITIONAL FEEŞ	
TOTAL CLAIMS	6	MINUS						х	\$50	\$	0
INDEP. CLAIMS	4	MINUS				=	0	х	X \$200		
	FIRST PRESENTATI	ON OF A MI	JLTIPLE	DEPE	NDENT C	LAIM		+	\$360	\$	0
EXTENSION FEE	1st Month \$120	2nd \$45	Month 0	3rdMonth \$1020		, 🗆		4th Month \$1590		\$	120
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Typed Name: Signature:

Cathi Christensen

Respectfully submitted, Kimon Ber

Ву

Kevin Hart

Attorney/Agent for Applicant(s)

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Rev 10/05 (TransAmdFex)